opened up the chest cavity, the heart was still beating.''

The magazine pressed Kelly again: Was the type of abortion ever altered to provide an intact specimen, even if it meant producing a live baby? ''Yes, that was so we could sell better tissue. At the end of the year, they would give the clinic back more money because we got good specimens.''

Some practical souls will probably swallow hard and insist that, well, if these babies are going to be aborted anyway, isn't it better that medical research should benefit? No. This isn't like voluntary organ donation. This reduces human beings to the level of commodities. And it creates of doctors who swore an oath never to kill the kind of people who can beat a breathing child to death with tongs.

MEDICARE FRAUD PREVENTION AND ENFORCEMENT ACT OF 1999

HON. JUDY BIGGERT

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mrs. BIGGERT. Mr. Speaker, I rise today to introduce the Medicare Fraud Prevention and Enforcement Act of 1999.

The vast majority of health care providers in this country are honest. Yet all large health care programs are vulnerable to exploitation, and Medicare is no exception. Over the past few years, Medicare fraud has skyrocketed, depriving millions of seniors quality care and bilking taxpayers out of literally billions of dollars.

According to the Department of Health and Human Services Inspector General, in fiscal year 1998 alone, waste, fraud, abuse and other improper payments drained as much as $13 billion from the Medicare Trust Fund.

How is this happening? Well, according to a June 1999 General Accounting Office examination of three states—North Carolina, Florida and my home state of Illinois—as many as 160 sham clinics, labs or medical-equipment companies have submitted fraudulent claims.

For example, two doctors who submitted in excess of $690,000 in fraudulent Medicare claims listed nothing more than a Brooklyn, New York laundromat as their office location. In Florida, over $6 million in Medicare funds were sent to medical equipment companies that provided no services whatsoever; one of these companies even listed a fictitious address that turned out to be located in the middle of a runway at the Miami International Airport.

Phony addresses and bogus providers add up to Medicare fraud and taxpayers being swindled out of billions of dollars.

In an attempt to change this equation, I am introducing the Medicare Fraud Prevention and Enforcement Act of 1999. This legislation is designed to prevent waste, fraud and abuse by strengthening the Medicare enrollment process, expanding certain standards of participation, and reducing erroneous payments. Among other things, my bill gives additional tools to the federal law enforcement agencies that are pursuing health care swindlers.

This bill is by no means a solution to Medicare fraud. But the Medicare Fraud Prevention and Enforcement Act of 1999 will make it more difficult for unscrupulous individuals to enter and take advantage of the Medicare system.

It is my hope that, come the next legislative session, my colleagues will join me in making a commitment to preventing and detecting fraud and abuse.

PERSONAL EXPLANATION

HON. ROBERT E. WISE, JR.

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. WISE. Mr. Speaker, on November 16 and 17, I missed several votes because I was home recovering from surgery. Had I been present, here is how I would have voted on the various bills. I would request that you insert this at the appropriate place in the RECORD.

H.R. 3257, State Flexibility Clarification Act: I would have voted ''aye''.

H. Con. Res. 222, Condemn Armenian Assassination: I would have voted ''aye''.

H. Con. Res. 165, Commend Slovak Republic: I would have voted ''aye''.

H. Con. Res. 206, Express Concern Over Chechen Conflict: I would have voted ''aye''.

H. Con. Res. 211, Support Elections in India: I would have voted ''aye''.

H. Res. 169, Support Democracy and Human Rights in Laos: I would have voted ''aye''.

H. Res. 325, Importance of Increased Support and Funding to Combat Diabetes: I would have voted ''aye''.

Rule to allow suspension bills to be brought up on Wednesday: I would have voted ''no''.

H.R. 2336, United States Marshals Service Improvement Act of 1999—Amends the Federal judicial code to provide for the appointment of U.S. marshals for each judicial district of the United States and for the Superior Court of the District of Columbia by the Attorney General of the United States (currently, by the President), subject to Federal law governing appointments in the competitive civil service: I would have voted ''no''.

H.J. Res. 80, Continuing Resolution: I would have voted ''aye''.

S. 440, Provides Support for Certain Institutes: I would have voted ''no''.

CONGRESSIONAL BLACK CAUCUS VETERANS BRAINTRUST

HON. SANFORD D. BISHOP, JR.

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. BISHOP. The Honorable CORRINE BROWN (D–FL) and I recently convened the 11th Annual Congressional Black Caucus Veterans Braintrust. Traditionally known as one of the highlights of the CBCF Legislative Conference, the Veterans Braintrust has truly become a family affair bringing together African American veterans and supporters from across the nation.

This year's Braintrust forum entitled, ''Veterans Health Care Issues for 2000 and Beyond'' convened with the hope of facilitating a national dialogue between the veterans community and lawmakers. The Braintrust addressed the future course of the veterans health care system with an emphasis in planning for the needs of an aging veterans population. The moderator, Dr. Lawrence Gary, a preeminent scholar from Howard University, led a distinguished panel of experts that included doctors, researchers, government officials, veterans service representatives and community advocates. Participants at the event included: Dr. Eugene Oddone, Dr. Jeff Whittle, Georgia State Senator Ed Harbison, Dr. Sissy Awoke, Mr. Charles McLeod, Jr., Mr. Ralph Cooper, Mr. Dennis Wannemacher, Mr. Carroll Williams, Mr. Calvin Gross and Dr. Erwin Parson.

The panel was invited to help focus our attention on racial disparities in the veterans health care arena. The implications of these preliminary findings, as well as the urgent need to eliminate racial disparities in veterans health care led Congresswoman BROWN to call for the creation of a national working group to develop a series of legislative and policy recommendations to address these issues.

Our keynote speaker was Dr. Thomas Garthwaite, the Acting Under Secretary for Health at the Department of Veterans Affairs. Dr. Garthwaite stated that the VA is facing new challenges in the health care arena, specifically issues relating to veterans of African-American descent. He noted concerns in the area of long-term care, increased rates of Hepatitis C, behavioral and mental illnesses, and homeless veterans. He stated that these problems are compounded by a rapidly aging veteran population and a continued lack of sufficient funding for veteran-related expenditures.

Congresswoman BROWN and I agreed that funding for veterans health care is inadequate. We believe that we cannot have a budget surplus, if we have not paid our dues to America's veterans. Georgia State Senator Ed Harbison expressed the sentiment of many at the Braintrust when he stated, ''It used to be said, that 'old soldiers never die, they just simply fade away.' But in 2000, its more like 'old soldiers never die, they're just ignored to death!' ''

Dr. Erwin Parson, Vietnam veteran and health care professional, summarized the essence of the forum by acknowledging, ''We know too well that little attention has been given to the issue of African American elderly health by society. Our elderly veterans, especially our African American elderly, have important health care needs that are not being met satisfactorily. We are aware that the stream of scientific studies on comparative health seem to always reach the same conclusion: race is a factor in access and quality care for many life-threatening medical conditions which afflict African Americans.''

We found it disconcerting that studies found that race is often a controlling factor in the assessment and management of many administrative and clinical decisions in veterans health care. We all realize that accurate data is vital to evaluating the true health care needs of African American veterans. However, current research is much too sparse and fragmented. It is obvious that we urgently need to get better, more meaningful data on African American elderly veterans.

Finally, the reality is simply this: The aging veterans population is upon us now! We are grateful and will never forget that African Americans have fought gallantly for America, beginning as far back as the Revolutionary